

Staff Only

Signed: _

CITY OF SAN BRUNO

City Hall Mailing Address: 567 El Camino Real San Bruno, CA 94066 Voice: (650) 616-7074 & Fax: (650) 873-6749

www.sanbruno.ca.gov

COMMUNITY DEVELOPMENT DEPARTMENT Planning Division

_ Date Approved:

APPLICATION FOR SIGN REVIEW

Sign Review Permit \$205.00 REQUIREMENTS - MUST ACCOMPANY REQUEST 1. Colored sign elevation 2. Site plan 3. Building elevation with proposed sign, address location and specifications 4. Construction drawings (as required by the City Building Official) 5. Photo of Sign Location APPLICANT Name:	
1. Colored sign elevation 2. Site plan 3. Building elevation with proposed sign, address location and specifications 4. Construction drawings (as required by the City Building Official) 5. Photo of Sign Location APPLICANT Name:	Agenda Date: Check No:
Building elevation with proposed sign, address location and specifications Construction drawings (as required by the City Building Official) Photo of Sign Location APPLICANT Name:	Total Fees Paid: Check No:
Name: Contact Address: Phone Number: () Fax Num Email PROPERTY INFORMATION	mber: ()
Address: Fax Nui Email PROPERTY INFORMATION	mber: ()
Phone Number: () Fax Nui Email PROPERTY INFORMATION	mber: ()
Phone Number: () Fax Nui Email PROPERTY INFORMATION	mber: ()
Email PROPERTY INFORMATION	
PROPERTY INFORMATION	APN(s):
	APN(s):
A ddross.	AFN(s).
Existing Land Use:Zoning Distri	ct:
General Plan Designation: Street Fronta	ge (Feet):
PROPERTY OWNERSHIP	
Name: Phone	e Number: ()
Address:	
SIGN INFORMATION	
TYPE OF SIGN (Check One) SIZE OF SIGN	IS THE SIGN ILLUMINATED?
Free Standing Height	YesNo
Marquee/Awning Width:	
Projecting Total Sq. Ft.:	
Wall Letter Size:	
Roof Overall Sign Height:	
Window	I
, the undersigned, hereby apply for a sign as set forth in the above information, and s true and correct.	d certify that the above information, to the best of my knowled
Signature (Applicant):	Date:
Signature (Owner):	Date: